

10/511913

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE		
						APPLICANT(S)			
CLAIMS									
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	/		/						
2									
3									
4	/		/						
5									
6	/		/						
7	/		/						
8	/		/						
9	/		/						
10	/		/						
11	/		/						
12	/		/						
13	/		/						
14	/		/						
15	/		/						
16	3		/						
17	/		/						
18	/		/						
19	/		/						
20	/		/						
21	/		/						
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
32									
33									
34									
35									
36									
37									
38									
39									
40									
41									
42									
43									
44									
45									
46									
47									
48									
49									
50									
TOTAL IND.			37						
TOTAL DEP.									
TOTAL CLAIMS			37						
* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS									